

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM



By Carol Day at 3:56 pm, Apr 23, 2014

INTOX DMT MAINTENANCE REPORT

Complete this report at the time of Complete this report whenever the Retain the original and send a co	he instrument is s	serviced or repaired and v	vhenever it is plac	exceed 35 days). ed into service.		
NAME OF AGENCY 500025 Sedalia Police Department				04/23/2014	DATE OF INSPECTION 04/23/2014	
LOCATION OF INSTRUMENT (STREET AND C 201 W 2nd St, Sedalia MO			12:54:13	TIME OF INSPECTION 12:54:13		
CHECKLIST: Place a mark in the values where determined). Unmark	ne box by each ite arked items must	em if found to be satisfact t be corrected before usin	tory or is operating g instrument.	g within established lir	mits. (Write in observed	
☑ DIAGNOSTIC RECORD						
DATE AND TIME 04/23/2		DETECTOR				
☑ PROGRAM			FILTER 1			
SAMPLE CHAMBER 48.8°C						
☐ BREATH TUBE 48.0°C ☐ ☐ FILTER 3						
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STANDARDS						
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE						
STANDARD SUPPLIER REPCO		LOT#	13002	EXP. DA	EXP. DATE <u>06/19/2015</u>	
SIMULATOR TEMP (34°C :	± 0.2°C) 34.0	SIMULAT	OR SN <u>SD230</u>	6 SIMULATOR EX	XP DATE 10/17/2014	
 □ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used. □ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE □ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE 						
TEST 1: 0.100 TEST 2: 0.100			TEST 3: 0.101			
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS: 2 004: 1		.0509: 0	.1014: 0	.1519: 1	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ESTABLISHED LIMITS (USE OTHER SIDE IF	ALTERATION OR MOD		Marie Die Galler	ENT TO OPERATE SATISFAC	TORILY AND WITHIN	
This instrument conforms to the Dep		standards.				
INSPECTING OFFICER						
SIGNATURE PRINT FULL NAME VICTORIA A KOTTMAN						
TYPE II PERMIT NUMBER 230244		EXPIRATION DATE 10/24/2015		NE NUMBER 826-8100		
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services Southeast District Office 2875 James Blvd, Poplar Bluff, MO 63901						
		AN COURT OPPOPTING	EIDMANTINE ACTION ENG	DIOVER	I AR-16	

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc. LOT NUMBER: 13002
EXPIRATION DATE: June 19, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

The alcohol and distilled water used in the solution were found to be free of any interferring substance.

This solution will produce a vapor alcohol value of _100 +/-3% gms/210L: Breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is <u>June 20, 2013</u>

The expiration date for this lot number is <u>June 19, 2015</u> at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Cecil B. Garner, President RepCo Marketing, Inc.

Form RM 02



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expire air in Missouri.



Operator

KOTTMAN, VICTORIA

230244 Date Issued 10/24/2013

Date Expires 10/24/2015